



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

**Certificate of Need Equipment Replacement Notification Form**

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

**Please complete the following:**

Provider Name & Address:	Hospital of Central Connecticut 100 Grand Street, New Britain, CT 06050
Name and description of the equipment to be replaced:	GE 16 LightSpeed Pro
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Docket Number: 10-31639-WVR
Address of the existing imaging equipment:	Hospital of Central Connecticut 100 Grand Street, New Britain, CT 06050
Name and description of the replacement equipment:	GE 16 Optima 580W
Location where replacement equipment will be operated:	Hospital of Central Connecticut 100 Grand Street, New Britain, CT 06050
The date the replaced equipment was replaced:	December 15, 2014
The disposition of the replaced equipment	Dismantled and off-line

Person Completing the form:

Barbara A. Durdy, Director, Strategic Planning, Hartford HealthCare  
Name

Title  
*Barbara A. Durdy*  
Signature  
Date *June 27, 2015*